



FINN LAW OFFICES

JAMES S. FINN, ESQ.
1718 M St. NW #294
Washington, D.C. 20036

E-Mail: finnpatent@msn.com

Telephone: 202-607-4607
Efax: 202-318-2450

August 26, 2003

Date:	August 26, 2003	PAGES: 14 (including cover)
TO/FROM:	Van Trieu	James S. Finn
COMPANY:	USPTO	Finn Law Offices
PHONE:		202-607-4607
FAX:	703-746-6070	202-318-2450

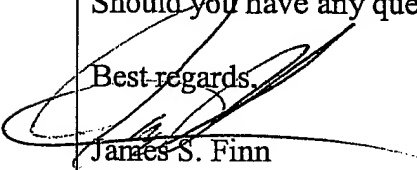
(# Pages includes Cover)

Dear: Examiner Trieu

Thank you for taking the time to speak with Mark Roberts, of Time Domain, and myself today. As we discussed, please find enclosed the response with claim amendments which replace the term "fixed" with "reference" in claim 1 and claim 19.

Should you have any questions regarding the amendment, please do not hesitate to contact me.

Best regards,


James S. Finn
Reg. no. 38,450

RECEIVED
JAN 09 2004
OFFICE OF PETITIONS

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you receive this in error, please contact the sender immediately.



PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/511,991	
	Filing Date	2/24/2000	
	First Named Inventor	Taylor et al.	
	Art Unit	2632	
	Examiner Name	Van Trieu	
Total Number of Pages In This Submission	13	Attorney Docket Number	Time.43/JSF04-0001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	James S. Finn
Signature	
Date	8/26/2003

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:		8/26/2003	FA X E D
Typed or printed	James S. Finn		
Signature		Date	8/26/2003

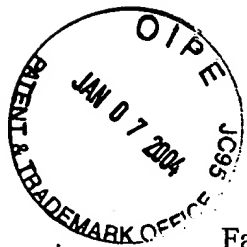
This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

RECEIVED

JAN 09 2004

OFFICE OF PETITIONS



PATENT
Serial No. 09/511,991
T.43/JSF04-0001

FAX CERTIFICATION

Fax Date and Time: 08/26/2003, 11:45
Fax number: 703-746-6070

Response to Office Action dated 05/30/2003 for:

Serial Number: 09/511,991

Docket: T.43/JSF04-0001

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: <u>5/26/04</u>		2 Serial/Patent # _____																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Filing</td><td style="width: 10%;">4 PAPER NUMBER</td><td style="width: 10%;">5 DATE FILED</td><td style="width: 30%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td><u>Petition</u></td><td align="center"><u>21</u></td><td align="center"><u>1/1/04</u></td><td align="right">\$ <u>55-</u></td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$		Extension of Time			\$		Notice of Appeal/Appeal			\$		<u>Petition</u>	<u>21</u>	<u>1/1/04</u>	\$ <u>55-</u>		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block;">\$ <u>55-</u></div>		
	Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT																																																	
	Amendment			\$																																																	
	Extension of Time			\$																																																	
	Notice of Appeal/Appeal			\$																																																	
	<u>Petition</u>	<u>21</u>	<u>1/1/04</u>	\$ <u>55-</u>																																																	
	Issue			\$																																																	
	Cert of Correction/Terminal Disc.			\$																																																	
	Maintenance			\$																																																	
	Assignment			\$																																																	
	Other			\$																																																	
10 REASON: <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Overpayment Duplicate Payment <u>No Fee Due (Explanation):</u> <u>1.181 petition</u> </div>		8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 50--2697 </div> </div>																																																			
11 REFUND REQUESTED BY: <u>RC/AB</u> TYPED/PRINTED NAME: _____ TITLE: <u>Att.</u> SIGNATURE: <u>[Signature]</u> PHONE: <u>7033080153</u> OFFICE: <u>Ret.</u> <div style="border: 1px solid black; padding: 5px; text-align: center;"> ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u>[Signature]</u> DATE: <u>5/27/04</u> </div>																																																					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: